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Patent and Tr

Approved for use through 3/30/98 OMB 0831-0002  
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on unless it contains a valid OMB control numberDECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION☒ Declaration OR  
Submitted  
with Initial Filing ☐ Declaration  
Submitted after  
Initial Filing

Attorney Docket Number	4013.2.1A
First Named Inventor	DARAGO, Vincent S.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group An Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Computer Architecture for Managing Courseware in a Shared Use  
Operating Environment

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(If applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 363 (a) of any PCT international application which designated at least one country other than the United States of America, filed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(a) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto
60/079,302	03/25/98	

(Page 1 of 4)

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PTO/SB01 (8-96)  
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## DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §345(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MMDDYYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
John W.L. Ogilvie	37,987		
Genie L. Ogilvie	P43,841		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

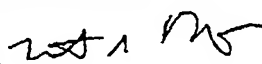
Direct all correspondence to:

Name	John W.L. Ogilvie		
Address	Computer Law++		
Address	8 East Broadway, Suite 725		
City	Salt Lake City	State	Utah
Country	USA	Telephone	801-355-0828
		Fax	801-355-0989

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	Vincent	Middle Initial	S	Family Name	Darago	Suffix (e.g., Jr.)	
Inventor's Signature						Date	
Residence: City	Manasquan	State	NJ	Country	USA	Citizenship	USA
Post Office Address	90 Ocean Avenue						
Post Office Address							
City	Manasquan	State	NJ	Zip	08736	Country	USA

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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 PTO/SB01 (Rev. 10/95)  
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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet											
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name		Christopher				Middle Initial				Family Name		Jenkins				Suffix		e.g. Jr.			
Inventor's Signature										Date											
Residence: City		Springville				State		UT		Country		USA				Citizenship		USA			
Post Office Address		188 Hobblecreek Canyon																			
Post Office Address																					
City		Springville				State		UT		Zip		84663				Country		USA			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name						Middle Initial				Family Name						Suffix		e.g. Jr.			
Inventor's Signature										Date											
Residence: City						State				Country						Citizenship					
Post Office Address																					
Post Office Address																					
City						State				Zip						Country					
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Inventor's Signature										Date											
Residence: City						State				Country						Citizenship					
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City						State				Zip						Country					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name						Middle Initial				Family Name						Suffix		e.g. Jr.			
Inventor's Signature										Date											
Residence: City						State				Country						Citizenship					
Post Office Address																					
Post Office Address																					
City						State				Zip						Country					

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## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration OR  
Submitted  
with Initial Filing

☐ Declaration  
Submitted after  
Initial Filing

Attorney Docket Number	4013.2.1A
First Named Inventor	DARAGO, Vincent S.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

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Operating Environment

the specification of which

(Title of the invention)

☒ is attached hereto  
OR

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(if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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(Page 1 of 8)

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## DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, filed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
John W.L. Ogilvie	37,987		
Genie L. Ogilvie	P43,841		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	John W.L. Ogilvie		
Address	Computer Law++		
Address	8 East Broadway, Suite 725		
City	Salt Lake City	State	Utah
Country	USA	Telephone	801-355-0828
		Fax	801-355-0989

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Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Vincent		Middle Initial	S	Family Name	Darago		Suffix e.g. Jr.
Inventor's Signature							Date	
Residence: City	Manasquan		State	NJ	Country	USA		Citizenship
Post Office Address	90 Ocean Avenue							
Post Office Address								
City	Manasquan		State	NJ	Zip	08736		Country
						USA		

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Christopher				Middle Initial				Family Name		Jenkins				Suffix e.g. Jr.			
Inventor's Signature		<i>Christopher Jenkins</i>								Date		3-16-99							
Residence: City		Springville				State		UT		Country		USA				Citizenship		USA	
Post Office Address		188 Hobblecreek Canyon																	
Post Office Address																			
City		Springville				State		UT		Zip		84663				Country		USA	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
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